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APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of 10/055,551 01/23/2002 PAT 6,719,478 which claims benefit of 60/263,860
 01/23/2001 *JAC*

**** FOREIGN APPLICATIONS ******* *No* *JAC***IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 01/28/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 14	TOTAL CLAIMS 55	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>JAC</i>				

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TITLE

Reinforcing bar connection and method

FILING FEE RECEIVED 1486	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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